PRINTED: 01/19/201

FORM APPROVE Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 11/18/2009 NVN010H STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER P.O. BOX 940 **SOUTH LYON MEDICAL CENTER** YERINGTON, NV 89447 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETI (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z 000 Z 000 Initial Comments This Statement of Deficiencies was generated as a result of a State licensure survey conducted at your facility 11/16/09 through 11/18/09, in accordance with Nevada Administrative Code, Chapter 449, Skilled Nursing Facilities. The survey was conducted concurrently with the Medicare recertification survey. The census was 47 residents. The sample size was 12 residents, which included one closed record. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the RECEIVED mechanism(s) established to assure ongoing compliance must be included. E 0 5 2010 Monitoring visits may be imposed to ensure BUREAU OF LICENSURE on-going compliance with regulatory AND CERTIFICATION requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. The following deficiencies were identified: Z290 Z290 NAC 449.74487 Nutritional Health; Hydration SS=G 1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that: (a) The nutritional health of the patient is

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

maintained, including, without limitation, the

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 11/18/2009 NVN010H STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER P.O. BOX 940 SOUTH LYON MEDICAL CENTER YERINGTON, NV 89447 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETI (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) **Z290** Z290 Continued From page 1 maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition. (b) The patient receives a therapeutic diet if such a diet is required by the patient. This Regulation is not met as evidenced by: Based on record review, policy review, and interviews, the facility failed to ensure acceptable parameters of weight were maintained for 2 of 12 residents (Residents #4, #7), that a nutritional assessment was completed for 1 of 12 residents (Resident #8), and that care plans were developed and reviewed according to facility policy for all of the residents in the sample and that the duties of the dietitian were clearly defined and followed. Findings include: Resident #4 Resident #4 was admitted to the facility on What corrective action(s) will be accomplished for 6/4/09, with diagnoses including dementia. those residents found to have been affected by the diabetes, hypertension, and gastroesophageal deficient practice: reflux disease. 11/10/09 On 11-10-09, resident #4's diet texture was changed from regular to mechanical soft. The minimum data set (MDS) indicated the On 11-17-09, health shakes were added three 11/17/09 resident had moderately impaired cognitive skills times a day for additional nutrition. Extra fluids and needed supervision (oversight) with eating. (given with medications and in between meals) started being tracked and documented on the resident's Medication Administration Record. Resident #4's weight upon admission (6/4/09) was 141 lbs. The progress note written on On 11-18-09, per our weight protocol, the 6/25/09 by the facility's consultant dietitian, resident's physician was notified. The 11/18/09 Employee #10, revealed that that resident lost 6 physician's response included, "Wt. loss trend lbs in two weeks and health shakes were ordered likely due to pt's advanced dementia." His care plan was updated to reflect this. to help with weight gain. Review of physician orders revealed that the health shakes were discontinued on 7/29/09, "due to overall weight gain." The resident's

STATEMENT OF CORRECTION    DENTIFICATION NUMBER:   NUMBER   NUMBER	Bureau c	of Health Care Quali	ty and Compliance_				<del>.</del>		
NAME OF PROVIDER OR SUPPLIER  SOUTH LYON MEDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES P.O. BOX 940 YERINGTON, NV 39447  Z290 SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.)  Weight at this time was 146 lbs. Resident #4's weight upon admission (6/4/09) was 141 lbs. The resident's leight on the most recent MDS, dated 9/6/09, was 137 lbs. The resident's last nutritional assessment was conducted on 917709, when the dietitian documented the following: "p.o. (by mouth) intake is fair to poor; appetite at 60% of meals, nutr. will continue to follow." A review of the resident's second revealed weights of 129.1 lbs on 9/30/09, and 128.4 lbs on 11/11/09, prepsenting a 6.2% weight loss over a two-month period (between 9/6/09 and 11/11/09).  The Activities of Daily Living (ADL) flow sheet, completed by Certified Nursing Assistants (CNAs), indicated that the resident's sability to eat declined from the categories of "independent (0" and "Supervision (1)" in September to "Limited Assistance (2") and "Extensive Assistance (3" in October. The last entry added to the resident's Satistance (3" in October. The last entry added to the resident's Satistance (3" in October. The last entry added to the resident's Nutrition' care plan by Nursing was dated 9/2/09. There was no evidence in the record that this increased need in feeding assistance was care planned.  Record review revealed that on 10/1/09, it was determined through laboratory blood draw that Resident #4 was suffering from dehydration and had to be admitted to the resident's return to the facility on 10/2/09, one of the physicians changed the resident's dehydration and had to be admitted to the the resident's return to the facility on 10/2/09, one of the physicians changed the resident's dehydration was devoloped by the either the dielitian or notes. No care plan addressing the resident's dehydration was devoloped by the either the dielitian or nursing	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA						
SOUTH LYON MEDICAL CENTER  P.O. BOX 940 YERINGTON, NV 89447    Continued From page 2   Providence of the properties of t			NVN010H		B. WING		11/18/	2009	
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1 1 1	Z290	weight at this time weight upon admis The resident's weight dated 9/6/09, was nutritional assessin 9/17/09, when the following: "p.o. (by appetite at 60% of follow." A review of revealed weights of 128.4 lbs on 11/11 weight loss over a 9/6/09 and 11/11/0 The Activities of Ecompleted by Cert (CNAs), indicated declined from the and "Supervision Assistance (2)" and October. The last "Nutrition" care play 9/2/09. There was this increased need care planned.  Record review revidetermined through Resident #4 was shad to be admitted (intravenous) fluid to the facility on 1 changed the reside sodium, no added was not updated in the addressing the residence of the reside	was 146 lbs. Reside sion (6/4/09) was 14 ght on the most receil 137 lbs. The resident ment was conducted dietitian documented mouth) intake is fair meals; nutr. will constitute the resident's record 129.1 lbs on 9/30/0/09, representing a 6 two-month period (b) 109).  Daily Living (ADL) flottified Nursing Assistated the resident's at categories of "Indeperior of "Extensive Assistated that the resident's at categories of "Indeperior of "Extensive Assistated in feeding assistant and the ed in feeding assista	1 lbs. nt MDS, nt's last on d the to poor; tinue to d 09, and 5.2% netween  w sheet, ants collity to eat endent (0)" "Limited ince (3)" in esident's ated record that nce was  9, it was raw that ration and eceive IV t's return nysicians low change clan, or care plan was		Resident #4  What corrective action(s) will be according to the feet of the fe	when she g from cute to other blood		

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loss being highlighted on the chart. A review of the chart revealed that the weight change

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of her fibula and tibia. She had additional

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If continuation sheet 8 o

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING\_ 11/18/2009 NVN010H STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER P.O. BOX 940 SOUTH LYON MEDICAL CENTER YERINGTON, NV 89447 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETI (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) \* Implement the short term nursing care plans for Z290 Continued From page 7 Z290 newly identified issues such as potential for dehydration. 12/21/09 resident nutritional care plans, but that she \* The development of the IDNN Committee - see reviewed the care plan after its development. attached charter. The dietician also disclosed that she was The formation of the IDNN Committee - see attached charter and minutes from initial meeting held involved with resident evaluations for all new December 18, 2009. admissions, specific referrals from the physicians This committee will review all residents to assure: 12/18/09 or nursing staff, residents with weight loss or gain nutritional assessments have been completed in a and residents with skin conditions. She did not timely fashion on all residents new - or with significant normally become involved with residents with changes fractures, constipation, diarrhea, abnormal annual assessments or reassessments upon change laboratory values, poor fluid intake or urinary of condition tract infections. Nursing staff confirmed that review all residents for weight loss or gain they did not fax abnormal lab values to the review all residents with any change in nutritional dietician. Nutritional progress notes stated that needs including assistance eating, assistive devises, the dietician would monitor the intake of oral or change in appetite or eating habits fluids, but there was no evidence that this was review all residents with any decubitus or skin ulcers being done. The dietician did not assess every review all residents with actual or potential elimination resident monthly, but did do quarterly issues including constipation and diarrhea or urinary assessments. elimination issues or changes review all residents with infectious processes In the interview with Employee #6 and #13 on including UTI 11/17/09, it was disclosed that there was no review all residents suffering nausea or expectation for the dietician to participate in the vomiting review all residents abnormal laboratory values as care of residents other than new admissions, they relate to nutritional health weight problems, skin conditions or direct review all residents for any hydration or nutritional referrals. The nursing staff indicated that they concerns went directly to the physicians with many dietary Four Long LTC staff members to attend HCPRO LTC Boot camp February 22-25, 2010. or dietary associated needs, like dehydration and abnormal lab values. It was not anticipated that On site evaluation and recommendation made by 5 2/25/10 the dietician would do annual nutritional star rural LTC QA/RM nurse assessments. Several of the residents had not This IDNN committee to meet weekly to review all 1/12/10 had an annual assessment since 2007. The residents nutritional and hydration status. policy, Nutritional Assessment Program, How the facility will monitor its corrective actions to indicated that the Nutritional Assessment was to ensure that the deficient practice is being corrected and will not recur. be reviewed and updated by the dietician yearly or in the event of a significant change in the Weekly review through the IDNN Committee. resident. 02/04/10 Individual Responsible: LTC Supervisor Date of Completion: 02-04-10 Attachment #3 Severity 3 Scope 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVN010H			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	TATE, ZIP CODE			
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Z291	Continued From pa	age 8		Z291				
Z291 SS=G	NAC449.74487 Nutritional Health; Hydration  2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health.  This Regulation is not met as evidenced by: Based on record review, policy review, and interview, the facility failed to ensure that 1 of 12 residents (Resident #4) received a sufficient amount of fluids to prevent dehydration.  Findings include:  Resident #4 was admitted to the facility on 6/4/09, with diagnoses including dementia, diabetes, hypertension, and gastroesophageal reflux disease.  The resident's weight upon admission (06/04/09) was 141 lbs. A progress note written on 6/25/09 by the facility's consultant dietitian, Employee #10, revealed that that resident lost 6 lbs in two weeks and health shakes were ordered to help with weight gain.			Z291	What corrective actions(s) will be accomplished for those resident found to have been affected by the deficient practice:		€,	
					On 11-10-09, resident #4's diet texture was changed from regular to mechanical soft.  On 11-17-09, health shakes were added three times a day for additional nutrition. Extra fluids (given with medications and in-between meals) started being tracked and documented on the resident's Medication Administration Record.  On 11-18-09, per our weight protocol, the resident's physician was notified. The physician's rezones included, "Wt. loss trend likely due to pt';s advanced dementia." His care plan was updated to reflect this.  On 10-01-09, Resident was suffering from dehydration and was admitted to Acute to received IV fluids. On 10-02-09, another blood draw indicated the resident's hydration status had significantly improved.		11/10/09	
							11/17/09	
							11/18/09	
							10/02/09	
					All current resident s have been reviewed ehydration. Those found to be at risk vextra fluids (given with medications and meals) tracked and documented on the residents have been discussed in the In Dietary Nursing Nutrition Committee (ID and totaled intakes were reviewed with dietician.	will have the In-between MAR. These terdisciplinary NN) committee physician and	1/31/10	
					What corrective actions(s) will be accompli- resident found to have been affected by the practice:	shed for those e deficient		
	Review of physician orders revealed that the healthshakes were discontinued on 7/29/09, "due to overall weight gain." The resident's weight at				The dietician reviewed Resident #4 whe on 11-25-09. Resident #4's care plan was updated to		11/25/09	
	this time was 146 lbs. The resident's weight the most recent MDS, dated 9/6/09, was 137 The resident's last nutritional assessment wa conducted on 9/17/09, when the dietitian documented the following: "p.o. (by mouth) intake is fair to poor; appetite at 60% of mea nutr. will continue to follow." A review of the record revealed that the resident's weight on 9/30/09 was 129.1 lbs, representing a 5.7% weight loss over a one-month period (between		veight on as 137 lbs. ent was an outh) of meals; of the ght on 5.7%		dieticlan's recommendations.  Resident #4 - A repeat BMP was done 1 reflected improvement in his hydration		10/02/09	

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 11/18/2009 NVN010H STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER P.O. BOX 940 SOUTH LYON MEDICAL CENTER YERINGTON, NV 89447 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETI (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) What measures will be put into place of what systemic Z291 Z291 Continued From page 9 changes you will make to ensure that the deficient practice does not recur: 9/6/09 and 9/30/09). There were no subsequent \*Process changed to assure any change in the entries in the record by the dietitian, and there condition is communicated to the LTC supervisor and was no evidence that any interventions were the MDS Coordinator through the development of a attempted by the facility to reverse the resident's "Resident Change Form". weight loss. \*Re-education of all staff by Nursing Educator on facility policy and procedure on Hydration and Nutrition. Record review revealed that on 10/1/09, it was determined through laboratory blood draw that \* Implement the short term nursing care plans for newly identified issues such as potential for Resident #4 was suffering from dehydration and dehydration. had to be admitted to the hospital to receive IV \* The development of the IDNN Committee - see (intravenous) fluids. Upon the resident's return attached charter. to the facility on 10/2/09, one of the physicians The formation of the IDNN Committee - see attached changed the resident's diet order to a low charter and minutes from initial meeting held sodium, no added salt diet. This diet change December 18, 2009. was not updated in the Nutrition care plan, or This committee will review all residents to assure: documented in the Nutrition notes. No care plan nutritional assessments have been completed in a addressing the resident's dehydration was timely fashion on all residents new - or with significant developed by the either the dietitian or nursing changes staff. Daily fluid intake was being recorded on annual assessments or reassessments upon change meal intake sheets by Certified Nursing of condition Assistants (CNAs) in the dining room, but fluids review all residents for weight loss or gain were not being monitored in-between meals, review all residents with any change in nutritional including at med pass and snack times. needs including assistance eating, assistive devises, or change in appetite or eating habits According to the facility's "Hydration" policy, review all residents with any decubitus or skin ulcers dated December 2005, "When it is determined review all residents with actual or potential elimination by nursing, dietary, or the dietitian that a resident issues including constipation and diarrhea or urinary does not seem to be consuming sufficient fluids, elimination issues or changes or is exhibiting signs and symptoms of review all residents with infectious processes dehydration, the physician will be notified....An including UTI evaluation will be done to determine, if possible, review all residents suffering nausea or vomiting the cause of the insufficient fluid intake. review all residents abnormal laboratory values as Laboratory studies will be evaluated... A care plan they relate to nutritional health review all residents for any hydration or nutritional will be written that will include fluid goals, how concerns the intake will be monitored, and suggested interventions." There was no evidence in the record that another blood draw had been ordered by the physician since 10/1/09 to reassess the resident's hydration

	Bureau o	of Health Care Qual	ty and Compliance				<del></del>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED		
			NVN010H	STREET AND	DESS CITY S	TATE ZIP CODE	1 1//	0/2003	
		ROVIDER OR SUPPLIER LYON MEDICAL CEN	, TER	P.O. BOX	DDRESS, CITY, STATE, ZIP CODE  X 940 TON, NV 89447				
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	N SHOULD BE COMPLI E APPROPRIATE DATE		
	Z291	Continued From page 10 status.  On 11/17/09 at 11:30 AM, the dietitian was interviewed by phone. The dietitian indicated that she had not conducted a nutritional assessment on Resident #4 since 9/17/09,			Z291				
						Four Long LTC staff members to attend HCPRO LTC Boot camp February 22-25, 2010.  On site evaluation and recommendation made by 5 star rural LTC QA/RM nurse on January 12, 2010.		02/25/10 01/12/10	
		concerns. The die Nursing was respo	ad not alerted her to titian further reported nsible for developing s related to nutrition	that and		This IDNN committee to meet weekly all residents nutritional and hydration  How the facility will monitor its correct actions to ensure that the deficient properties to being corrected and will not recur.  Weekly review through the IDNN Committee to the second	status. ctive ractice is	12/18/09 & engoing	
	**					Contract reviewed by Dietician and Administrator 12/18/09. RD will actively participate committee in person every other were alternating weeks, information from a committee including minutes will be electronically communicated to her the For residents with changes in conditivithout positive results from interversil electronically make her recomme within 48 hours. If not developed by nutritional care plans will be review revised by her weekly. The IDNN Cowill review all residents thus includificatures, constipation, diarrhea, abilabs, fluid intake and UTI's as well as and ulcers, and tube feedings. Annountritional assessments will be comail residents by Jan 2010 and update significant change in condition and original annual date.	chat day. clions or entions she endations her, all ed and emmittee ng normal s decubitus ual pleted on ed with any	2/18/09	